CLAIMS:-

1. An intraluminal graft comprising a tubular graft body which is circumferentially reinforced along its length by a plurality of separate, spaced-apart, maleable wires, each of which has a generally closed sinusoidal or zig-zag shape, one of the wires being located adjacent to one end of the graft body such that alternate crests or apices of the wire projects beyond at least part of that end.

2. An intraluminal graft as claimed in claim 1 in which each end of the graft body is provided with a wire which has alternate crests or apices extending beyond the adjacent end of the graft body.

3. An intraluminal graft as claimed in claim 1 in which the one wire has a greater amplitude than the next adjacent wire, and preferably the next two adjacent wires.

4. An intraluminal graft as claimed in claim 1 in which wires adjacent the one end of the graft body are more closely spaced than wires intermediate the ends of the graft body.

5. An intraluminal graft as claimed in claim 1 in which the wavelength of the wires is substantially constant along the length of the graft body.

6. An intraluminal graft as claimed in claim 1 in which the one wire has a greater amplitude and a smaller wavelength than at least a majority of the other wires in the graft.

7. An intraluminal graft as claimed in claim 1 in which the edge of the one end of the graft is scooped out or scalloped between each projecting crest or apex of the one wire.

8. An intraluminal graft as claimed in claim 1 in which wires are interwoven with the graft body.

9. An intraluminar graft as claimed in claim 8 in which the ends of each wire are twisted together on the outside of the graft body.

10. An intraluminar graft as claimed in claim 1 in which the alternate crests or apices extend completely beyond the end of the graft body.

11. A method for positioning an intraluminal graft, comprising introducing a catheter into a vein, artery or other vessel in the body, causing an intraluminal graft as claimed in any one of claims 1 to 10 to be carried through the catheter on an inflatable balloon until the graft extends into the vessel from the proximal end of the catheter, inflating the balloon to cause the alternate crests or apices of the one wire to be urged into contact with the wall of the vessel, deflating the balloon and withdrawing the balloon and the catheter from the vessel.